



Inspection Unit
MO Division of Fire Safety
PO Box 844
Jefferson City, MO 65102
(573)751-2930 Voice
(573)751-1744 Fax
<http://www.dfs.dps.mo.gov>

PLAN FOR COMPLIANCE

In accordance with House Bill 952/674, please complete this form to comply with section 198.074 (10), RSMo: *All facilities by **July 1, 2008** shall submit to the Missouri Division of Fire Safety for review and approval, a plan for compliance.* When completed, this form may be mailed or faxed to the address above.

Facility Name:	
Street Address:	
City:	County:
Facility Number:	Type of Facility:
Initial Licensing Date:	
Contact Person:	
Telephone Office:	Cell:

SPRINKLER SYSTEMS

New Sprinkler System Installation Plan

Approximate Project Start Date:	Approximate Completion Date:
Name of Contractor/Installer:	
Estimated Date of Submission of Engineered Documents/Drawings for Review:	
Estimated Date Contract Issued for Installation of System:	

Type of sprinkler system required or currently installed: ☐ 13 ☐ 13R

Documentation of Existing Sprinkler System Installed (Attach documentation as necessary)

- ☐ Identify procedure in place for system inspection, testing and maintenance per NFPA 25:
(Attach narrative/documentation as necessary)
- ☐ Verify compliance with NFPA 25 regarding weekly/monthly testing & inspection:
(Attach narrative/documentation as necessary)

FIRE ALARM SYSTEMS

Documentation of Existing Complete Fire Alarm System

Fire Alarm System capabilities: (Please mark all the applicable components currently installed)

- ☐ Interconnected smoke detectors throughout facility
- ☐ Automatic alarm transmission to fire department, 24-hour dispatch agency, or 24-hour central monitoring company
- ☐ Manual pull stations as required at exits and attendant's station(s)
- ☐ Properly placed and installed heat detectors
- ☐ Audible and visual alarm indicators

New Fire Alarm System Installation Plan

Approximate Project Start Date:	Approximate Completion Date:
Name of Contractor/Installer:	
Estimated Date of Submission of Engineered Documents/Drawings for Review:	
Estimated Date Contract Issued for Installation of System:	

SMOKE SECTIONS / PARTITIONS

- ☐ Existing smoke section(s) exist. (Site visit required)
(Attach floor plan with smoke partitions identified and applicable dimensions.)

Smoke Section/Partition Installation Plan

Approximate Project Start Date:	Approximate Completion Date:
Name of Contractor/Installer:	
Estimated Date of Submission of Engineered Documents/Drawings for Review:	
Estimated Date Contract Issued for Construction/Renovation:	

NFPA CHAPTER 33 EXEMPTION

Will facility meet Life Safety 101 Chapter 33 Compliance/Exemption? ☐ Yes (Site visit required) ☐ No

Name (printed) of person submitting plan for compliance:	
Signature:	Date:
Title/Position:	